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SEP 2 4 2007 BY THADELINE

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				Application Number 10/697,158-Co		onf. #9103			
				Filing Date	(October 31, 2003			
				First Named Inv	entor I	Kazuki EMORI et al.			
For FY 2007				Examiner Name	niner Name T. Y. Harper				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3714					
TOTAL AMOUNT OF PAYE	Attorney Docket No. SHO-0032								
METHOD OF PAYMENT	「(check all t	hat apply)_							
Check Credit Ca	ard N	Money Order	No	ne Other (please ident	ify):			
x Deposit Account Depos	iit Account Numl	ber: <u>18-0013</u> D	eposit Acc	count Name:	Rader,	Fishman & G	rauer PLLC	<u> </u>	
For the above-identi	fied deposit	account, the Di	irector is	s hereby authorize	ed to: (chec	k all that apply)		
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any ad fee(s) under 3			ments o	f x Credit	any overpa	ayments			
FEE CALCULATION									
1. BASIC FILING, SEARCH	, AND EXAM	MINATION FEE	S	-					
	FILIN	G FEES	SE	ARCH FEES	EXAMIN	IATION FEES	3		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Faas F	aid (\$)	
Utility	300	150	500	250	200	100	10001	<u>u.u. (47</u>	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300	-		
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description		•					Fee (\$)	Fee (\$)	
Each claim over 20 (includi	•						50	25	
Each independent claim over	r 3 (includir	ng Reissues)					200	100	
Multiple dependent claims							360	180	
Total Claims Extra C		ee (\$)	Fee I	Paid (\$)		ultiple Depend			
8 - 20 = HP = highest number of total clair	ms paid for if o	reater than 20	-		Fe	<u>e (\$)</u>	Fee Paid (\$	1	
Indep. Claims Extra C		ee (\$)	Fee I	Paid (\$)				_	
3 -3=	x -	=							
.HP = highest number of independ	lent claims paid	for, if greater than	n 3.						
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	wings exceed52(e)), the	application siz	e fee di	ie is \$250 (\$125 f)	
<u>Total Sheets</u> <u>Ex</u>	tra Sheets	Number o	of each a	idditional 50 or frac	tion thereo	f Fee (\$)	Fee I	Paid (\$)	
100 =		/50 =		(round up to a who	ole number)	x	=		
4. OTHER FEE(S)	- (5100 G	. (4			<u>Fees</u>	Paid (\$)	
Non-English Specification Other (e.g., late fing sur	//		-	•	econd mo	nth	45	0.00	
SUBMITTED BY	/								
Simplify At 1	0_			Registration No.	29,211	Telephone	(202) 95	5-3750	
Name (Print/Type) Carl Scha	ukowitch			(Attorney/Agent)	,	 	September		



AMEN	Docket No. SHO-0032				
Applicatio	Application No. Filing Date Exam		Examiner	Art Unit	
10/697,158-Co	onf. #9103	October 3	1, 2003	T. Y. Harpe	r 3714 .
Applicant(s): Kaz	uki EMORI et a	al.			
nvention: GAMIN	G MACHINE				
	TC	THE COMMI	SSIONER FO	R PATENTS	
Transmitted here				• •	
The fee has beer	n calculated an				
	Claims	CLA1M Highest	S AS AMEN	DED	
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims Independent	8	- 20 =		X	
Claims	3	- 3 =	٠,	X	
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Other fee (pleas	e specify): E	extension for res	sponse within s	econd month	450.00
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:	•	450.00
x Large Entity				Small Entity	
No additiona	al fee is require	d for this ame	ndment.		
X Please charge	ge Deposit Acc			n the amount of \$ _	450.00
A check in th	ne amount of \$		to cover	the filing fee is enc	losed.
=	credit card. Fo			•	
X The Director		orized to char	ge and credit	Deposit Account Nenclosed.	o. <u>18-0013</u>
x Credit	ny overpaymer	nt.			
\Rightarrow			on processing f	fees required under	37 CFR 1.16 and 1.17.
ausc				Dated: S	eptember 24, 2007
Carl Schaukow Attorney/Agent		211			
RADER, FISHM 1233 20th Stree Suite 501	et, N.W.	R PLLC			
Washington, D6 (202) 955-3750					